PART B - FEE(S) TRANSMITTAL

RECEIVED CENTRAL FAX CENTER

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

MAY 2 5 2006

Fax:7043654851

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further con indicated unless corrected maintenance fee notification	respondence including the below or directed otherwise	Patent, advance ord in Block 1, by (a)	lers and not specifying	dfication a new c							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
75	90 03/28/2006						-				
ProPat L.L.C. 425-C South Sharon Amity Road Charlotts, NC 28211					I hereby certify that the States Postal Service wandressed to the Mail transmitted to the USP	is Fee(s) ? with suffice Stop ISS TO (571) ?	Mailing or Tr Fransmittel is t ent postage for SUE FEE addi 273-2885, on t	peing deposited refirst class mai ress above, or he date indicate	with the United I in an envelope being facsimile ad below.		
	05/26/2006 TL0222	00000004 1075	7799		Claire				(Depositor's name)		
	01 FC:1501		1400.00	= -	Cla	in W	yound		(Signature)		
	02 FC:1504 03 FC:8001		388.88 9.88		-1May	25, 2	Art.		(Date)		
APPLICATION NO.	FILING DATE	F	IRST NAME	D INVEN	NTOR	ATTORN	ey docket n	O. CONFIR	MATION NO.		
10/757,799	10/757,799 01/15/2004			Herbert Peiffer 03/003 MFE					5434		
title of invention: i its use	MULTILAYER, TRANSPA	RENT, BIAXIALI	Y ORIENT	red Poi	Lyester film, pro	CESS FO	RITS PRODU	CTION AND			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	B.	P	UBLICATION FEE	TOTAL FEE(S) DUE		DA	TE DUB		
nonprovisional	NO	\$1400			\$300	\$1700		06.	/28/2006		
EXAM	EXAMINER ART UN		T CLASS-SUBCLASS								
	CHEN, VIVIAN 17				428-331000						
1. Change of correspondence CFR 1.363).	e address or indication of "F	ee Address" (37	_	_	the patent front page, li		. 1	ProPat,	L .L.Ç.		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent extorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIONEE NAME AND	RESIDENCE DATA TO E	SE PRINTED ON T	HE PATEN	T (print	or type)						
PLEASE NOTE: Unless recordation as set forth is	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	iata will ap	pear on for filling	the patent. If an assign	iee is iden	rified below, t	he document h	as been filed for		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Mitsubishi Polyester Film GmbH Wiesbaden, Germany											
Please check the appropriate	e assignee category or catego	ories (will not be pri	nted on the	patent) :	individual C	orporation	or other privat	te group entity	☐ Government		
4a. The following fee(s) are	enclosed:	4 b.	. Payment o	f Fee(s):							
X Issue Fee				A check in the amount of the fee(s) is enclosed.							
				A Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to							
A PERMITTER OF THE PROPERTY OF	Copies		Deposit	Account	Number		enclose ar	extra copy of	this form).		
	(from status indicated above MALL ENTITY status. See	•	D. Appli	lcant is n	o longer claiming SMA	LL ENTT	TY status. See :	37 CFR 1,27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if a from anyor Office.	my) or to	re-apply any previous than the applicant; a reg	y paid issuated att	ue fee to the ap orney or agent;	plication ident or the assigne	ified above. e or other party in		
Authorized Signsture	, athy Moore	-			Date	11.					
Typed or printed name	rublication Fee (if required) ords of the United States Fat Atky Moore CATHY	MOORE		_	Registration ?	···—		2006 164			
This collection of information application. Confidential submitting the completed at this form and/or suggestion Box 1450, Alexandria, Virginia 22313	on is required by 37 CFR 1.2 ity is governed by 35 U.S.C publication form to the USP1 of for reducing this burden, a name 22313-1450. DO NOT	311. The information 1, 122 and 37 CFR 1 10. Time will vary bould be sent to the SEND FEES OR C	n is required 1.14. This co depending to Chief Infor COMPLETE	i to obtain the upon the mation (D FORM	n or retain a benefit by is estimated to take 12 individual case. Any co Officer, U.S. Patent and AS TO THIS ADDRES:	the public minutes to omments o Trademants. S. SEND	which is to file o complete, income the amount & Office, U.S. TO: Commission	e (and by the U cluding gatherli of time you re Department of oner for Patent	SPTO to process) ig, preparing, and quire to complete (Commerce, P.O. s, P.O. Box 1450)		
	tion Act of 1995, no person	s are remited to res	nend to a co	lection	of information unless it	displays a	valid OMB ec	mtrol number.			

425-C South Sharon Amity Road Charlotte, NC 28211-2841 Phone: (704) 365-4881

Fax: (704) 365-4851

ProPat, L.L.C.

RECEIVED
CENTRAL FAX CENTER

Fax

MAY 2 5 2008

To:	USPTO	From:	Claire Wygand for Cathy R. Moore
	issue F oo		Phone: (704) 365-4881
			Fax: (704) 365-4851
Faxi	(571) 273-8300	Pagesi	3 pages total:
			Transmittal sheet (1 page)
			issue Fee Transmittal (1 page)
			Credit card form (1 page)
Phone		Date:	May 25, 2006
Re:	Application No. 10/757,799	cc:	
	Filing Date: January 15, 2004		
	Our Ref.: 03/003 MFE		

Attached are the items noted above.

Respectfully submitted,

Claire Wygand